

Blue Ribbon Commission for Health Care Reform
Provider Task Force
Key Issues / Core Values - DRAFT FOR DISCUSSION

Service Delivery System / Infrastructure	Stakeholder responsibility accountability (providers, consumers etc)	Quality	Payment/Funding	HIT / Data
Need for regional approaches – Rural v. urban	Just because people have coverage doesn't mean they'll stop using the ED - these are long-ingrained habits, need a lot of support, education, steering. Many people who use the ED are making choices about the value of their time, prefer going to nice ERs with valet parking instead of a community clinic	Must focus on measuring outcomes. Current outcomes measures aren't very useful in terms of improving care. If we can develop an outcomes measurement system that goes far beyond what's there, we'll be successful.	FFS v. capitation	Need to aggregate data sources (e.g., payer databases) to support efforts to reduce administrative burden and improve quality of outcomes
Private sector v. safety net		How to contain costs without sacrificing quality of care	If don't go single-payer route, then what insurance reforms are needed – not robust enough	Must align practice with technology
Workforce/ Provider availability – access doesn't equal coverage		Clinical oversight/standards of care	Adequate Reimbursement; winners/losers; at least Medicare-level reimbursement for Medicaid services	All-payer database to allow data aggregation
Medical home – must define, this doesn't merely mean assigning a PCP. Social services / wrap-around services – how to capitalize on what's being done now and make it more robust.	Legislation to provide legal protections for physicians (if we transition to limited benefits and patient wants more)		Benefit and coverage mandates	IT costs will probably be same regardless of proposal. May need to figure that out separately. "It's not about the box" - it's about the systems.

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Service Delivery System / Infrastructure	Stakeholder responsibility accountability (providers, consumers etc)	Quality	Financing	HIT / Data
Focus on structure, not process Need to fundamentally change infrastructure. Identify potential changes within the delivery system – waste, perverse incentives, etc. Look at infrastructure issues, benefit structures, etc. – illustrate how delivery system operates.	Limit-setting/cost containment/rational care. At a community level, can we begin discussing what we're going to stop doing in order to talk about what we're going to start doing.		Evolutionary competition of payment systems – allow government and private payers to compete – a way to allow people to choose between single-payer plan and private plans (is this a financing or a delivery system issue??)	
Need to think about how care happens, workflows, etc.			Most of these proposals would actually increase costs but still not cover everyone	
			Fiscal analysis must illustrate profits, cost-shift and admin costs – need to look at all contributors to the bottom line	
Move from Ptolemaic system to Copernican – rather than going through contortions to preserve elements of the current system, maybe we just need to acknowledge that the model doesn't fit the data and identify one that does.				
How best to address long-term care; Integrated behavioral health; dental				